

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	9	1	1	1	1	1
TOTAL CLAIMS	10					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS